



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. 7964-0/18*  
*Award Sheet*

**PROCUREMENT MANAGEMENT SERVICES DIVISION**

BID NO.: **7964-0/18**

PREVIOUS BID NO.: **7964B-0/13**

TITLE: **CHEMICAL & BIOLOGICAL TESTING & SAMPLING**

CURRENT CONTRACT PERIOD: **11/01/2013** through **10/31/2018**

Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. 7964-0/18*

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**Yes** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**Yes** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**Yes** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **RAMSEY, HERMAN**

PHONE: 305 375-2851

FAX: 305 375-4407

EMAIL: [HRAMSEY@MIAMIDADE.GOV](mailto:HRAMSEY@MIAMIDADE.GOV)

DEPARTMENT OF PROCUREMENT MANAGEMENT  
PROCUREMENT MANAGEMENT SERVICES DIVISION

VENDOR NAME: **PACE ANALYTICAL SERVICES INC**  
 DBA:  
 FEIN: **411821617** SUFFIX : **01** 33431  
 STREET: **3231 NW 7TH AVE** CITY: **BOCA RATON** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	Vendor Record Verified? <b>Yes</b>				

\*\*\*\*\*

**Vendor Contacts:**

<b>Name</b>	<b>Phone1</b>	<b>Phone2</b>	<b>Fax</b>	<b>Email Address</b>
KENDRA B BRIGHT	386-672-5668	-	386-673-4001	KENDRA.BRIGHT@PACELABS.COM

VENDOR NAME: **ADVANCED ENVIRONMENTAL LABORATORIES INC**  
 DBA:  
 FEIN: **593274470** SUFFIX : **01** 33216  
 STREET: **6601 SOUTHPOINT PARKWAY** CITY: **JACKSONVILLE** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **1%10NET45** TOLL PHONE: **954-593-2395**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	Vendor Record Verified? <b>Yes</b>				

\*\*\*\*\*

**Vendor Contacts:**

<b>Name</b>	<b>Phone1</b>	<b>Phone2</b>	<b>Fax</b>	<b>Email Address</b>
RHONDA MOLL	954-889-2288	954-593-2395	954-889-2281	RMOLL@AELLAB.COM

**ITEMS AWARDED Section:**

Details: 7964-0/18

See attached Roadmap.

Item # Description

Qty

Unit Price

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: Yes

DPM Award: No

BCC Date: 09/17/2013

DPM Date: 05/22/2013

Contract Amount: \$ 2,593,000.00

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

Insurance Type 01

**BPO INFORMATION Section:**

1	ABCW1400009										
<table> <tr> <th>Commodity ID</th><th>Commodity Name</th></tr> <tr> <td>115-05</td><td>BIOCHEMICAL REAGENTS AND TESTS:</td></tr> </table>		Commodity ID	Commodity Name	115-05	BIOCHEMICAL REAGENTS AND TESTS:						
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**End of BPO Information Section**